

Linda McCulloch, Superintendent Office of Public Instruction Accreditation Division PO Box 202501Helena MT 59620-2501

## **DISTANCE LEARNING** 2006-2007 School Year

DUE DATES:			County:		l o:		
To County Superintendent: Tuesday 10/17/2006 To Office of Public Instruction, Accreditation Division: Tuesday 10/24/2006			District:Le: School:Sc:			e: ::	
	nual report will prov ents of 10.55.907 AF						
narch 2004.						Yes/No	
	et utilize distance lear or high school gradu				ogram_		
If YES to Question	on 1:						
2. Does the distric	t use a provider who	is registered with th	e OPI – 10-55-9078	(5)(a)?			
NOTE: Only priva	te or commercial prov	viders are required t	o register with the O	PI?			
3. Does the distric	et provide a facilitator	in accordance with	the standard – 10.55	5.907(3)(a-b)?			
4. Does the distric	et provide training for	the facilitator, either	licenses or non-licer	nsed, in accordance	with the		
standard – 10.55.	907(3)(c)?						
5. Provide the follo	owing information for	all providers the dis	trict is currently using	g.			
Create one record necessary.	I for each Company/D	District. List all the co	ourses from that prov	vider. Copy this page	e as		
Name	Address	Phone	Email	City, State, Zip			
Col	irse Name	Grade Leve	Number of Stud	lents			

Grade Level	Number of Students		
	Grade Level		

Name	Address	Phone	Email	City, State, Zip

Course Name	Grade Level	Number of Students		

Distance L	earning Page 2			District: School:		Le: Sc:
5. Continu	ued					
Name	Address	Phone	E	mail	City, State, Zip	
	Γ <u>α</u>			I		
	Course Name	Grade	e Level	Number of S	tudents	
						Yes/No
6. Is the d	listrict a provider of distar	nce learning for oth	ner schoo	ol districts in Mo	ontana?	
7. Provide	e the following information	n for all districts yo	u are cui	rently serving.		
District Na	ame		School	ol being served	<u> </u>	
	Course Name		Teacher's Folio		de Level(s)	
		Numb	per			
District Na	ame		School	ol being served	I	
	Course Name		Teacher's Folio Number		de Level(s)	
District Ni			0.1.	.11		
District Na	ame		School	ol being served	1	
	Course Name		Teacher's Folio Number		de Level(s)	

County: